

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



Alberto Gonzales  
Atty General fo the US  
US Dept of Justice, 10th & Const. Ave  
Washington, DC 20530

## COMPLETE THIS SECTION ON DELIVERY

A. Signature <input checked="" type="checkbox"/> X <i>Alberto Gonzales</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>SEP 28 2007</i>	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If so, enter delivery address below: <input type="checkbox"/> No	

Service Type	
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service)

7007 1490 0000 0026 6428

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540